

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90043 038 ***150.00

DOCUMENT # P96000016992

1. Entity Name

ROD INVESTMENTS & ENTERPRISES CORP.

Principal Place of Business

19200 S.W. 216 STREET
MIAMI FL 33170

Mailing Address

19200 S.W. 216 STREET
MIAMI FL 33170

2. Principal Place of Business

19000 S.W. 192 ST.

Suite, Apt. #, etc.

3. Mailing Address

19000 S.W. 192 ST

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

33187

Country

City & State

MIAMI FL

Zip

33187

Country

4. FEI Number

65-0649327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ALBERTO
19200 S.W. 216 STREET
MIAMI FL 33170

Name

Street Address (P.O. Box Number is Not Acceptable)

30545 S.W. 193 AVE

City

HOMESTEAD

FL

Zip Code

33030

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBERTO	
STREET ADDRESS	19200 S.W. 216 STREET	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ESTEBAN	
STREET ADDRESS	16451 N.W. 84 AVENUE	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMALLO, ANA T	
STREET ADDRESS	13184 S.W. 19 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, DANIEL	
STREET ADDRESS	10621 S.W. 66 TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ ALBERTO	
STREET ADDRESS	30545 S.W. 193 AVE.	
CITY-ST-ZIP	HOMESTEAD FL. 33030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMALLO ANA T.	
STREET ADDRESS	541 S.W. 125 AVE.	
CITY-ST-ZIP	MIAMI FL. 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODRIGUEZ ESTEBAN

Date

4/23/01 305-253-2700

Daytime Phone #

CR2E034 (10/00)